	MIS	SO	URI	D۱۱	VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH	,
DO NOT WRITE		AM	ENDED	1	Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1971 STATE FILE NUMBER	
ON THIS STUB					FILED JUI 1 1961	
VS 300		 2]	1. PLACE OF DEATH a. COUNTY St. Louis 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE Mo. b. COUNTY St. Louis edmiss	
Rev. 4/59		AMENDED			b. CITY (If outside corporate limits, give TOWNSHIP only) OR 10WN Webster Groves Length of stay in 1b c. CITY OR 10WN Webster Groves Yes 12	•
14007	' -	DATE A			c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside of ADDRESS	on Farm No ⊡gr
4007		<u> </u>		╛	O)40 Big Bend Bivd.	
3	<u>*</u>				(Type or print) OF	Year 1963
⁴ 0	$- \mid \mid$					DER 24 HR Min.
<u> </u>	4	1			10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT CO	OUNTRY
6	- Sk				Medical Doctor self employed St. Louis, Missouri USA;	
⁷ 0	-[蓝]					
8 ,2	AS FC				Henry A. Westrup Henrietta Herbert Louisa C. Westrup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	Bend
94200	ARE A				(Yes, no or unknown) (If yes, give war or dates of servi) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL B	ig
10	_ & _ Q ,	ᇤ		MEN	IMMEDIATE CAUSE (a) CARDIA C TINSTEFIENCY QUEEN CAUSE (A)	DEATH
11	- IO I'	90		DOCU	ADTERIASE BY	?15 -
12 90 - 0	THIS	INSTEAD		_	Conditions, If any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	
	- 8		11		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last	male wa st 90 days
	ZTS				Tes No C	Unknow
	AMENDMENTS				PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the ferminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the ferminal there a pregnancy in last the pregnancy in last there are pregnancy in last the pregnancy in	18.)
y Ö	AME				20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	_
K INK RIBBON					20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK 10 farm, factory, street, office bldg., etc.)	STATE
A S E		READ		1	TILLY 6 1960 JUNE 18, 1963 and last saw in alive on JUNE 17, 196	<u>3 </u>
BLACK OR WRITER RI		D RE	11		Death gurred at	
USE BLAC OR TYPEWRITER		SHOULD		T OF	22. Solvet & Coche M.O. 35N. CENTRAL CIT	9.L
	1		++	AFFIDAVIT	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	10) 2117 1
		V N O N		AFFI	DUI TAT OF ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	
		ILEM		BY	Parker-Aldrich, Webster Groves, Mo. 6-19-63 (Licensed Embalmer's Statement on Reverse Side)	y. —

A STORE THE REPORT OF THE STORE n . - 27 i ten şit ារជាចិ till im sall alte of the force of the skylotia orbert ARIT System . House const

STATEMENT BY LICENSED EMBALMER

or by	· · · · · · · · · · · · · · · · · · ·	, Student Embalmer No
working und	der my personal supervision.	Q: 360
Student	<u>.</u>	Signed Still March
	Signature of Student Embalmer	Licensed Embalmer No. 4395
٠.	y	P. O. Address Milster Shove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

27 - THE Off this body is not embalmed, fact should be so stated above.

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of Inde. . 9 1991 - marks.